death. Poge 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10649

USGS CERTIFICATE OF DEA	0666	CERTIFICATE OF DEAT
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H Rea. Dist. No.

DATE SEP 2 8 '59

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1. PLACE OF DEATH o. COUNTY	SOMERSET		MARYLAN	11 0	. STATE	2.33	ere deceased liv	ed. If institu b. COUNT	Y ~	ERSET
RURAL ond give n	(If outside corporate limits nearest town)  SFIELD	, write c. l	ENGTH OF STAY IN T	- I Am	0 0		utside corporate $FIELD$	limits, write	RURAL ond gi	ve nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, gi		emo. Hos	- 1	d. STREET ADD	RESS	STREE	T		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	C HARLES		Middle HUBBARD	DA	Lost UGHER !		4. DATE		nth MBER	19 Yeor 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED [			TE OF BIRTH	82	9.	AGE (In years ast birthday) yrs	Months D	YEAR IF UNDER 24 HR
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13. FATHER'S NAME	amles () Day	ah and m		14.	. MOTHER'S MA					
	er IN U. S. ARMED FORCE			INFOR	MANIT	Mag	gie Diz	-	dress	
	(If yes, give war or dates of ser					DAU	GHER T	~		LD, MD.
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PHYSICIAN'S NAME (Type)	C. G. RAN					ISF	IELD,	MARY	LAND	
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3. FUNERAL DIRECTOR Brade	r's signature haw & Sons	Crisfi	ADDRESS				BY REGISTRAL		SISTRAR'S SIGI	NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10669 CERTIFICATE OF DEATH

10652 Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND DOMERSE b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest Jown) d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM YES NO F NAME OF 4. DATE Middle Month Year Doy DECEASED (Type or print) 195 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 5\_SEX 7. MARRIED NEVER MARRIED lost birthdoy) Manths Doys DIVORCED T WIDOWED | USUAL OCCUPATION (Give find af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? OUSE HOLD 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address CNES 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c),] INTERVAL BETWEEN Suddent PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema Congestive failure **DUE TO** 3 wks Hypertensivexeaddigxasextarxdisessex Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-Hypertensive cardiovascular disease lying couse last ye ars PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, 20d. INJURY OCCURRED Year (Stote) (County) foctory, street, affice bldg., etc.) Hour a. m. Nat while at wark at wark p. m. 21. I certify that I attended the deceased from Sont 2 ..., 19 59 to Sont 21 ..., 19 59 that I last saw the deceased \_\_\_\_\_, and that death occurred at 28 M, from the causes and on the date stated above alive on Sept ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL Dames Quarter. Maryland PHYSICIAN'S Everett C.SutterM NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-GREMAFORY 22a. BURIAL, CREMATION, 22d, LOCATION (City, town, or county) -(State) REMOVAL (Specify) 23. FUNERALDIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kroms

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10670 CERTIFICATE OF DEATH Rea. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Somerset Maryland Somerset Pro b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Rural Pocomoke Rural Pocomoke City d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? X R.F.D. YES NO R.F.D. 2 NAME OF 4. DATE First Middle Lost Month Yeor Day ed DECEASED DEATH September (Type or print) ANNTE LONG 1959 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. . SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Days Months Min. Hours Female WIDOWED T DIVORCED [ cample YES papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housewife Maryland puo corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME offer physicion George W. Powell Harriett W. Dryden hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Maurice S. Long. Pocomoke City.Md. attending No None RFD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmonary Oedema davs DUE TO Conditions, if any, which Degenerative Heart Disease vears gove rise to immediate DUE TO casse (a), stating the underlying cause lost. physician burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Chronic Nephritis YES I NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I ottended the deceased from Sept. 8, 19.50, to Sept. 24, 19.59, that I last saw the deceased and that death occurred at 130P M, from the causes and on the date stated above. 300 ADDRESS (Street, city or town, state) DATE SIGNED det ACTUAL SIGNATURE prior Market St. Pocomoke be should PHYSICIAN'S NAME (Type) Charles Trader MR D FUNERA 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY DIDORBANTERS 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rehobeth Presbyterian | Rehobeth. 10 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus VS A15 (4) Pocomoke City, Md. DATE SEP 29 '59 15M 9/55

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Reg. Dist. No.

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	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	Princess Anne
<	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	253 Church Street on a FARM? YES NO
	2 , , ,	rine Maddoreath Sept 9 1959
	Female Negro WIDOWED DIVORCED .	B, DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.  9. AGE (In years If UNDER 1) YEAR IF UNDER 24 HRS. Months Doys Hours Min.
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	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or piknown) (If yes, give war or dates of service) 215-20-423 W	NFORMANT Valter Maddox-253Church St. Pr. A.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET, AND DEATH 5 Class
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	gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  Revuel  (c)	Visione 2415
0	Tione -	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. W\$S AUTOPSY PERFORMED? YES \( \sum_{\text{NOT}} \text{NO} \)
V	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I ottended the deceased from he are alive on Sept 9, 1959, and that death	occurred at 9,00 M, fram the causes and on the dote stated obave.
	ACTUAL B. Frank Grant	ADDRESS (Street, city of town, stote)  Princes Sune 9/11/59
1	PHYSICIAN'S B. FIZHIUK GGBAN	UT)
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	to a land
8	23. FUNERAL DIRECTOR'S SIGNATURE CHARLES H. Ward-Marion Sta.,	1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CATHUM S. KINGUS.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauf, or death. Page 4 may be retail by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban appers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death.

No.

VS A15 (4) 15M 9/5B

25907 is church street in Lawras Cathorne Madashe Dest Brilliam Temal & Marked ward and Mounty 15 at MATA COLORAGE BOTH ROCKEVEININ WITH IN SUR RESERVE BARTON Walter Maddey - don Barron St. R. A CONTRACTOR OF THE SALES and the street of the street o Francistic Sandaril The state of skitch skit yes 151-52. Charles Miles de Ales Constantinos

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	ERAL DIRECTOR'S			ADDRESS		3	24g RFC'	D BY REGIST	1		SIGNATU	RE	

Bradshaw & Sons, Crisfield, Md.

DATE SEP 1 4 '59

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10674 CERTIFICATE OF DEATH

Reg. Dist. No. U656

	o. COUNTY	OMERSET		MARYLAND	II O STATE	DENCE (Where dece	eosed lived. If institu b. COUNT	Y	before admission) OMERSET
	b. CITY OR TOWN (I RURAL and give no CRISF		write c. LEN	GTH OF STAY IN 16 $DAY$		TOWN (If outside co	orporate limits, write	RURAL and giv	re nearest town)
		TAL (If not in hospitol, give MCCREAD Y	10	IAL Hos	d. STREET			THE STATES	e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF DECEASED (Type or print)	First RORE	RT	Middle	HTTTTNO	OF	TE MATH SEPTE.	MBER.	Day Year 15 1959
	MALE	37	MARRIED 1	NEVER MARRIED   DIVORCED	B. DATE OF BIRT		9. AGE (In year lost birthday)	Manths D	YEAR IF UNDER 24 HRS. Pays Hours Min.
1	0a. USUAL OCCUPATION during mast af world	ON (Give kind of work dailying life, even if retired)	ne 10b. KIND O	F BUSINESS OR IND		ACE (State or foreign	gn country)		U.S.A.
	3. FATHER'S NAME $ \int\!\!EFF $	WHIT	TINGT	ON	-	MAIDEN NAME	Floor.	4.	
1		R IN U. S. ARMED FORCE (If yes, give war or dates of servi			INFORMANT BERNICI	WHITT.	INGTON,	dress KING	STON, MD.
	Conditions, if o gove rise to i cause (o), stating lying cause lost.	mmediate Dus To	Larono Tenno	to All myres	robels of	CANADO DE LES CONTRA DE LES CO	A mufiled is	IVEN IN PART 1	Jells  (o) 19. WAS AUTOPSY YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)	b. DESCRIBE HO	OW INJURY OCCURI	RED. (Enter noture o	of injury in Part I or	Port II of item 1B.)		
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 19	20d. INJURY O While No at work ot	t while	PLACE OF INJURY factory, street, affic	Hame, farm, 20f. ( e bldg., etc.)	City or town)	(Ca	unty) (State)
	ACTUAL SIGNATURE	at I attended the d	oulbri Coulb	ourn, M	м.в. <u>М</u> .	ADDRES	om the causes of Street, city or town MARYLAN MARYL	nd on the on, state)  D  AND	saw the deceased date stated above DATE SIGNED
	REMOVAL (Specify)  3. FUNERAL DIRECTOR	Sept 17	59 W	AME OF CEMETERY ATPTS	CHAPE	L MA	GISTRAR 24b. REC	ON,	(State)
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	10675MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10657
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Somerset MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  b. COUNTY SOMEYSET
ssory, ple	b. CITY OR TOWN (hourside corporate limits, write RURAL and give nearest town)  Marion Station  C. LENGTH OF STAY IN 1b  XC. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Marion Station
099	to him for Hospital of histitution life not in hospital, give street oddress)  A. STREET ADDRESS  ON A FARM?  YES   NO   X
y delay he fune e retain he Stat er deatl	3. NAME OF DECEASED (Type or print) Brouds Williams 4. DATE OF DEATH SEPT. 26 1959
h. If an id 3 to 1 to 3 to 1 to 5 moy b 2 with t tours off	5. SEX 12 10 6. GOLOR OR RACE 7- MARRIED NEVER MARRIED DEC, 20, 1941 9. AGE (Moors foot birthdoy) Months Days Hours Min.
Page 1 and hin 72 hin 7	100. USUAL OCCUPATION (Give and of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country), during most of working life, even if retired)  Laborer 12. CITIZEN OF WHAT COUNTRY?
Poges n PM3.	Thomas Wittiams Betha Beauchamp
in Sive Cive in File ony en	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ver, po, or unknown) (If yos, give war or dates of service) 216-38-93 Thomas Williams Marion Sta., Md.
ltem, 18 olong v it perm	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c), The County of the C
e execuncia in Office ol-trons emavol	conditions, it ony. who on gove tractured Skull-Lacerated
hould b miner's on, or r	gave rise to immediate couse (a), stating the underlying cause last.  DUE TO  JEST FOVEREACT  WILLIAM H. Com.
ficate signature of the second	PART II. OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATOR SECONDITION GIVEN IN PART IN 197 WAS A WIPE OF THE PROPERTY OF THE PR
ward " ward " f Medic old be uriol, c	200. EXTERNAL CAUSE WAS PRIMARY LINE CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 feb.  CAUSE OF DEATH.
ng the ng the a sho ar to b	20c. TIME OF INJURY, Month, Doy, Year Hour a.m. 9.15199 While Not while of work of wor
e, writi	21. I certify that I took charge of the remoins described above sheld on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner
IRECTO	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER () DATE SIGNED
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/S. A15ME 5M 2/57	23. EUNIFRAL DIRECTOR'S SIGNATURE LAND ADDRESS LAND DATE DET 6 159 CORECTE MARIANA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTICICATE OF DEATH

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	10665	CERTIFICA	AIL OI DEAII		Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MARY.	b CC	OUNTY _	rset
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits, write nearest town) Crispield	c. LENGTH OF STAY IN 16  Lifetime		putside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPI OR INSTITUTION	12 Main St.	et oddress)	d. STREET ADDRESS  / 12 M	ain St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle GULLEN	Lost WYATT	4. DATE OF DEATH Sep	Month otember	Day Yeor 21 1959
s. sex Female	170-2 A -	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 7, 1866	9. AGE (In lost birt	years IF UNDER 1 YE Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION of working most of working the housewif	rking life, even if retired)	b. KIND OF BUSINESS OR INDU		or foreign country) , Maryland	12.CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	Jacob Cullen		14. MOTHER'S MAIDEN N	_		
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 1. (If yes, give wor or dates of service) None		INFORMANT rs. Pearl Mui	r, 12 Main	St., Crisf	ield, Md.
Conditions, if of gove rise to it couse (o), stoting lying couse lost.  PART II. OT:  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	immediate DUE TO	Contributing to DEATH BU	T NOT RELATED TO THE TERMI	inal disease condition	ON GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
WEDICAL  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)	le Not while fo	ED. (Enter noture of injury in LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or town)	18.)	nty) (Stote)
21. I certify the alive an Serial Actual SIGNATURE	Sarah M. Peytor	Apyton	M.D. 33 \	M	ses and an the der town, stote)	
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY CO		22d. LOCATION (City, Crisfield,	Maryland	(Stote)
23. FUNERAL DIRECTOR  Bradshaw	& Sons, Crisfi	ADDRESS Leld. Maryland		D BY REGISTRAR 24L EP 2 8 '59	cathy 2 +	

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